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CONFIRMATION NO. 5404

Bib Data Sheet

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| SERIAL NUMBER 09/852,400 | FILING OR 371(c) DATE 05/09/2001 RULE | CLASS 435 | GROUP ART UNIT 1644 | ATTORNEY DOCKET NO. GFN-5405CP |
| APPLICANTS William L. Trepicchio, Andover, MA; Judith L. Oestreicher, Portsmouth, NH; Andrew J. Dorner, Lexington, MA; James G. Krueger, New York, NY; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/203,087 05/09/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/11/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY MA | SHEETS DRAWING 12 | TOTAL CLAIMS 47 |
| INDEPENDENT CLAIMS 21 | | | | |
| ADDRESS 045743 | | | | |
| TITLE Compositions, kits, and methods for identification, assessment, prevention, and therapy of psoriasis | | | | |
| FILING FEE RECEIVED 2766 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |